

SERIAL NUMBER 09/041,994	FILING DATE 03/13/98	CLASS 435	GROUP ART UNIT 1852 (6/8)	ATTORNEY DOCKET NO. UMM026
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APPLICANT  
J. DON CHEN, WESTBOROUGH, MA; HUI LI, WESTBOROUGH, MA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED PROVISIONAL APPLICATION NO. 60/073,674 02/04/98

*NDP 10/19/98*  
\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

*NDP 10/19/98*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

*NDP 10/19/98*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/30/98 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 16	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 21
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ADDRESS LAHIVE & COCKFIELD 28 STATE STREET BOSTON MA 02109
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TITLE TRANSCRIPTIONAL COACTIVATOR OF STERPOD/NUCLEAR RECEPTORS AND USES THEREFORE
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FILING FEE RECEIVED \$1,429	FEES: Authority has been given in Paper No. _____ to charge/crédit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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**\*BIBDATASHEET\***

**CONFIRMATION NO. 4204**

Bib Data Sheet

SERIAL NUMBER 09/041,994	FILING OR 371(c) DATE 03/13/1998 RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. UMM-026
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**APPLICANTS**

J. DON CHEN, WESTBOROUGH, MA;  
HUI LI, WESTBOROUGH, MA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/073,674 02/04/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

**\*\* 03/30/1998**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 16	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 21
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

**ADDRESS**

000959

**TITLE**

NUCLEIC ACID ENCODING VITAMIN D RECEPTOR RELATED POLYPEPTIDE

FILING FEE RECEIVED 1867	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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